2500 les REST

·	BEST AVAILABLE COPY														
MULTIPLE DEPENDENT CLAIM  FEE CALCUS ATION SUPPRI									SERIAL NO. 530804 FILING DATE						
FEE CALC <sup>***</sup> ATION SHEET (FOR USE\H FORM PTO-875)									APPLICANT (*)						
			. ( >-	TOTAL			CLAIM		( ( ( ( ) ) )						
	AS F	AS FILED AFTER AFTER								AS FILED AFTER AFTER					
		IND. DEP.		IMD DYEN		1 AMENDMENT			AS FILED		1"AMENDMENT		AFTER 2 MAMENDMENT		
1	Плр.	DEP.	IND.	DEP.	IND.	DEP.		51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
$\frac{2}{3}$	┪				·			52							
4						<u> </u>	}	<u>53</u> 54							
<u>5</u>								55						-	
8		·					1	56 57		<u> </u>					
9							.	58 59							
10 11	<b> </b>		-					60					<del></del>		
12								61		·					
14				-				64							
15 16	<del> </del>				•			65							
17 18								66 67							
19		<u> </u>						68 69							
20 21								70 71	<u> </u>						
22 23								72		<u> </u>					
24				· ·				73 74.							
25 26								75 76							
27 · 28							İ	77				·			
29 30								78 79							
31								80 81							
32 33								82							
34 35							t	83 84							
36							F	85 86							
37 38								87							
39. 40							ŀ	88 89.							
41.							F	90 91						二	
42 43							ļ	92			-				
44					· ·		ŀ	93 94						-	
45 46							F	95 96							
47 48							<u>E</u>	97							
49							F	98 99	-					二	
50			2				ļ	100							
POTAL IND.			ğ	+		#	7	OTAL IND.		#		#.		#	
OTAL DEP.	•		21 1	<b>(=</b>		<b>4</b>	. h	DTAL DEP		<b>4</b> [		4		<b>4</b> [	